

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020439

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 660

AMENDED

FILED III 10 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u>		c. CITY OR TOWN <u>St. Joseph</u>	
Length of stay in lb <u>45 years</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>717 N. 10th St.</u>		d. STREET ADDRESS (If outside, give location) <u>717 N. 10th St.</u>	
3. NAME OF DECEASED (Type or print) First <u>FRANK</u> Middle <u>R</u> Last <u>COMER</u>		4. DATE OF DEATH Month <u>June</u> Day <u>19</u> Year <u>1961</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 3, 1887</u>
9. AGE (last birthday) <u>73</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House roofer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Roofing</u>	
11. BIRTHPLACE (City and state or country) <u>Herrington, Kansas</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Martin Comer</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Jane Fidler</u>	
14. NAME OF HUSBAND OR WIFE <u>none</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
17. INFORMANT Address <u>Mrs. Bertie Watson 717 No. 10th St.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Cardiac Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Artery Disease = Myocardial Insufficiency - Cardiac Asthma</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <u>7:15 a</u> Month, Day, Year <u>6-16-61</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <u>St. Joseph, Mo.</u>		COUNTY <u>Mo.</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>7:15 a</u> to <u>6-16-61</u> and last saw <sup>her</sup> him alive on <u>6-16-61</u> Death occurred at <u>7:15 a</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Robert W. Keeber MD.</u> (Degree or title) <u>for Dr. C. DeWitt m. S.</u> 22b. ADDRESS <u>St. Joseph, Mo.</u> 22c. DATE SIGNED <u>7-1-61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>June 21, 1961</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>King Hill Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Clark Funeral Home St. Joseph, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>July 5, 1961</u> 26. REGISTRAR'S SIGNATURE <u>Mrs. Clara Goodell</u>	

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *E. A. C. C.*

Licensed Embalmer No. 4231

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.